

C/PAR (Corrective/Preventive Action Request)



Environmental Impact/ Concern:	Date:
(For additional information, use back and/or attach additional sheets)	
Area/ Location:	
*For feedback on this request, please include the following:	
Name: _____	Section: _____
Phone: _____	e-mail: _____
Return to: Your Supervisor or Mail to: EMR at MS 1103A	
EMR Use Only: C/PAR Opened: <u>Yes</u> , Control # _____ <u>No</u> , Resolution _____	

City of San Diego
ESD, Refuse Disposal Division

EMS Document Control No. RDD-F-EMS-03; Revision 0
Effective Date: October 15, 2001

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